

West Virginia Department of Transportation

# Division of Motor Vehicles

## Dealer Recovery Fund Complaint Form



P0 Box 17100 • Charleston, WV 25317  
1-800-642-9066 • www.dmv.wv.gov

**ENCLOSE ALL REQUIRED DOCUMENTATION AND FOLLOW ALL INSTRUCTIONS PROVIDED BELOW.**

- A copy of any cancelled check made payable to the dealer, or a receipt attesting payment must be submitted with this form.
- A copy of the Bill of Sale must be submitted with this form.
- A statement must be provided as to the location of the vehicles' Certificate of Title.
- If applicable, an attested copy of a final court judgement must be submitted with this form.
- An explanation of the complaint must be included on this form under section D below.
- You must sign and date this form below.

### A) Complainant Information

NAME OF COMPLAINANT			
ADDRESS	CITY	STATE	ZIP CODE

### B) Dealership Complaint is Being Filed Against

DEALERSHIP NAME			
ADDRESS	CITY	STATE	ZIP CODE

### C) Vehicle and Claim Information

DATE OF PURCHASE	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VIN NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MAKE	MODEL	YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		CLAIM AMOUNT	

### D) Explanation of Complaint


### E) Complainant Certification

Signature (X) _____	Date ____ / ____ / ____
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**\*\*\*THIS SIDE IS FOR DIVISION OF MOTOR VEHICLES USE ONLY \*\*\***

☐ TAXES & FEES (DMV)

☐ DEALER (UNDISCLOSED LIEN)

☐ RETAIL PURCHASE (UNDISCLOSED LIEN)

☐ THIRD PARTY GOODS & SERVICES

☐ UNPAID LIEN

CLAIM PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**Board Approval and Certification**

Signature (X) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (X) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (X) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_